

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**APPLICATION FOR 7-MONTH EXTENSION OF TIME TO FILE  
INTEREST AND DIVIDENDS TAX RETURN**

FOR DRA USE ONLY

**THIS IS NOT AN EXTENSION OF TIME TO PAY**

<b>IMPORTANT</b>	<p>If you have paid 100% of the tax determined to be due by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire Interest and Dividends Tax return <b>WITHOUT</b> filing this form or a copy of your Federal Extension.</p> <p>If you meet this requirement, you may file your New Hampshire Interest &amp; Dividends Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. Please note that an extension of time to file your return is not an extension of time to pay the tax.</p>
<b>WHEN TO USE THIS FORM</b>	If you need to make an additional payment in order to have paid 100% of the tax determined to be due by the original due date, then you must complete this form and submit with payment to be granted an extension of time to file your New Hampshire Interest and Dividends Tax return.
<b>WHEN TO FILE</b>	This form must be postmarked on or before the original due date of the return.
<b>REASONS FOR DENIAL</b>	Applications for extensions will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked after the due date for filing the return, or if the payment for the balance due shown on line 3 below did not accompany this application.
<b>WHERE TO FILE</b>	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION, Document Processing, PO Box 2072, Concord, NH 03302-2072.
<b>NEED HELP</b>	Call the Taxpayer Assistance Office, at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**Application for 7-Month Extension of Time to File Interest and Dividends Tax Return**

PLEASE PRINT OR TYPE	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET		_____
			FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	CITY/TOWN, STATE, AND ZIP CODE		_____

For CALENDAR year **1999** or other tax year beginning                ending                 
Mo Day Year Mo Day Year

**ENTITY TYPE** — Check one: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary

**TAX PAYMENT SCHEDULE**

1 Enter 100% of the tax determined to be due.....1	<input type="text"/>	<input type="text"/>
2 LESS: Credits and payments of estimated tax.....2	<input type="text"/>	<input type="text"/>
3 BALANCE DUE: Make check payable to: <b>State of New Hampshire</b> .....3	<input type="text"/>	<input type="text"/>

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**Enclose, but do not staple or tape, your payment to this extension. (If negative or zero you are not required to file this extension application.)**

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NH DEPT OF REVENUE ADMINISTRATION  
MAIL DOCUMENT PROCESSING DIVISION  
TO: P.O. BOX 2072  
CONCORD NH 03302-2072